

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

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5 IN RE: NATIONAL :
PRESCRIPTION : MDL No. 2804
6 OPIATE LITIGATION :
_____ : Case No.
7 : 1:17-MD-2804
THIS DOCUMENT RELATES :
8 TO ALL CASES : Hon. Dan A. Polster

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10 HIGHLY CONFIDENTIAL
11 SUBJECT TO FURTHER CONFIDENTIALITY REVIEW
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14 Videotaped deposition of LAURIE A. ZACCARO,
15 held at the offices of Buckley King, 1400 Fifth
16 Third Center, 600 Superior Avenue East, Cleveland,
17 Ohio 44114, on Wednesday, January 16, 2019,
18 commencing at 8:58 a.m., before Carol A. Kirk,
19 Registered Merit Reporter and Notary Public.

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2 P R O C E E D I N G S

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4 THE VIDEOGRAPHER: We are now on
5 the record. My name is Frank Stanek. I
6 am a videographer for Golkow Litigation
7 Services. Today's date is January 16,
8 2019, and the time is 8:58 a.m.

9 This video deposition is being
10 held in Cleveland, Ohio in re of
11 National Prescription Opiate Litigation
12 for the United States District Court for
13 the Northern District of Ohio, Eastern
14 Division.

15 The deponent is Laurie Zaccaro.

16 Will counsel please identify
17 themselves for the record.

18 MR. GADDY: Jeff Gaddy with Levin
19 Papantonio for the Plaintiffs.

20 MR. LEVINE: Mark Levine on behalf
21 of Walgreens and the witness.

22 MS. MORRISON: Kristin Morrison
23 from Jones Day on behalf of Walmart.

24 THE COURT REPORTER: Is there

1 anyone on the phone?

2 THE VIDEOGRAPHER: And the court

3 reporter is Carol Kirk and will now

4 swear in the witness.

5 - - -

6 LAURIE A. ZACCARO

7 being by me first duly sworn, as hereinafter

8 certified, deposes and says as follows:

9 CROSS-EXAMINATION

10 BY MR. GADDY:

11 Q. Good morning, Ms. Zaccaro.

12 A. Good morning.

13 Q. Could you state your name for us,
14 please.

15 A. Laurie Zaccaro.

16 Q. And you work at Walgreens,
17 correct?

18 A. Yes, I do.

19 Q. Okay. How long have you been with
20 Walgreens?

21 A. Twelve years.

22 Q. As a function of your job with
23 Walgreens, have you ever had to give testimony
24 like this before?

1 A. Yes.

2 Q. Okay. In a deposition context or
3 trial or both?

4 A. Deposition.

5 Q. Okay. In what context was that?

6 A. It was with regards to safety and
7 security concerns in an outside parking lot of
8 one of our inner city stores.

9 Q. Okay. Did it involve some lawsuit
10 that was filed against Walgreens?

11 A. Yes.

12 Q. Okay. Did that case ever go to
13 trial that you know of?

14 A. I'm unaware.

15 Q. Okay. Outside of that, have there
16 been any other occasions in which you've given a
17 deposition before?

18 A. No.

19 Q. Okay. In the course of your work
20 with Walgreens, have you ever had the occasion
21 to testify at trial?

22 A. No, I have not.

23 Q. Okay. In the course of your work
24 with Walgreens, have you ever had the

1 opportunity to meet with or work with any law
2 enforcement?

3 A. Yes.

4 Q. Okay. Can you kind of describe
5 for me the circumstances generally in which that
6 would have occurred, and then maybe we can
7 follow up with some specifics.

8 A. With law enforcement, I support
9 external investigations that they may be working
10 on. And I also do ex- -- I'm -- like support
11 with DEA drug backs and take-backs and law
12 enforcement in community events.

13 Q. Okay. So I guess one thing I
14 should make clear is, you work in loss
15 prevention, correct?

16 A. Correct. I'm an asset protection
17 manager.

18 Q. Okay. And has that been your
19 title the entire 12 years you've been at
20 Walgreens?

21 A. Yes, it has.

22 Q. Okay. I see references within
23 some of the documents that I've looked at to
24 district loss prevention managers or regional

1 loss prevention managers.

2 How does -- where does asset
3 protection manager fall within there?

4 A. Since my position with the
5 company, our titles have changed --

6 Q. Okay.

7 A. -- a handful of times from loss
8 prevention supervisor, district loss prevention
9 manager, asset protection managers. All of our
10 responsibilities have always stayed the same.
11 Our titles have changed more than once, though.

12 Q. Okay. During your 12 years at
13 Walgreens, has the amount of responsibilities
14 that you have changed, as far as the number of
15 stores or the number of people that you're in
16 charge of?

17 A. Yes.

18 Q. Okay. Kind of walk me through
19 that progression, if you don't mind.

20 A. When I first started with the
21 company, we were in larger districts where I had
22 one district of -- if I remember correctly, 26
23 or 27 stores. In the last few years, there have
24 been some realigning with districts and sizes.

1 Now the districts average anywhere
2 from 12 to 18 stores in a district. And I'm
3 responsible for four districts currently and
4 have been for at least the last three years,
5 three or four years, I believe.

6 Q. Okay. Okay. So you started with
7 Walgreens approximately 2006; would that be
8 right?

9 A. December 29, 2006. Very end of
10 the year, yes.

11 Q. Okay. So from 2006 until how
12 long, until what year, would you say you had
13 about one district and 26 to 27 stores?

14 A. The first eight years, eight or
15 nine. We realigned our districts and did the
16 shifting in the last -- it was three or four
17 years. I can't remember.

18 Q. Okay. So from '06 through
19 approximately 2013, 2014?

20 A. Yes.

21 Q. And when you -- in 2013, 2014 when
22 you began to oversee four districts, was that a
23 promotion, or was that just a realignment?

24 A. It was just realignment.

1 Q. Okay. And what areas do you -- do
2 your stores cover? And I guess first tell me
3 from '06 to the '13 and '14 range and then post
4 then.

5 A. From '06 to the '13-'14 range, I
6 was in the Cleveland West district, which
7 covered -- I don't know how familiar you are
8 with Cleveland, but to the north along the Lake
9 and to west as far as Norwalk, which is almost
10 the central, northern part of Ohio, so -- and
11 then after that, once we shifted to multiple
12 districts, I now cover the north part of
13 Cleveland, the south part of Cleveland
14 currently, and then the north and south part of
15 Columbus.

16 Q. Okay. Is there a Walgreens office
17 that you work out of here in Cleveland?

18 A. There is an area office located in
19 Warrensville Heights, Ohio.

20 Q. Okay. About how many folks are in
21 that office?

22 A. Maybe -- well, we have five
23 districts, our director, our healthcare
24 supervisor and two admins. So each district

1 manager, five, six, seven, eight, nine -- ten or
2 eleven of us.

3 Q. Is it primarily loss prevention
4 folks in that office?

5 A. No, sir, it is not.

6 Q. Okay. Okay. So your current
7 territory includes Cleveland, it also includes
8 some areas of Columbus?

9 A. Correct.

10 Q. And was there another city that I
11 missed?

12 A. Cities down through between --
13 there's Mansfield is -- I go to Mansfield
14 locations and the suburbs, a lot of suburb
15 municipalities.

16 Q. Okay. Let me see if I can go back
17 to where I started originally and then I got
18 sidetracked. But I was asking you about meeting
19 with law enforcement.

20 A. Yes.

21 Q. Tell me what agencies -- and let
22 me first focus on the -- more the enforcement
23 side.

24 A. Okay.

1 Q. And then we can talk about the
2 community involvement side.

3 A. Okay.

4 Q. So as it relates to enforcement,
5 what agencies have you had the occasion to work
6 with during the course of your time at
7 Walgreens?

8 A. Ohio Board of Pharmacy primarily.
9 And then I -- with matters with external law
10 enforcement support, it varies. It depends on
11 what they might reach out to us for. It could
12 be identity theft. It could be prescription
13 doctor shopping with customers. It could be
14 with doctors and prescriptions, and I'm -- my
15 involvement with that is primarily getting them
16 the evidence that is subpoenaed for matters that
17 they're investigating.

18 Q. Okay. So --

19 A. It could be video. It could be
20 documents.

21 Q. -- is that primarily -- is that
22 generally with local law enforcement or is that
23 federal agencies or both?

24 A. Primarily that's with Ohio Board

1 of Pharmacy, with their investigators.

2 Q. Okay. Well, does the Ohio Board
3 of Pharmacy investigate the identity theft type
4 crimes that you were talking about?

5 A. No. That's more your local law
6 enforcement, but I don't have as many of those
7 as I do with the Board of Pharmacy.

8 Q. What's your typical case with the
9 Board of Pharmacy?

10 A. Theft.

11 Q. Of what?

12 A. Drugs.

13 Q. Okay.

14 A. They work with our pharmacy. I do
15 investigations on the front end merchandise of
16 the stores with cash, cigarettes, merchandise.
17 I conduct those investigations myself. But when
18 it's matters with anything with the pharmacy, we
19 notify the board and we work with the
20 investigators for pharmacy.

21 Q. Okay. So -- excuse me. Okay. So
22 just so we're clear, front end of the store is
23 everything that's not prescription drugs?

24 A. Correct.

1 Q. Is that fair?

2 A. Correct.

3 Q. Okay. And so anything that's
4 behind the counter that requires a prescription
5 would be something that's investigated by the
6 Board of Pharmacy?

7 A. Yes.

8 Q. Okay. And do you work with the
9 Board of Pharmacy, or is it more you supplying
10 them information? Do they have their own
11 investigators?

12 A. It varies. I work with them, with
13 the internal things that they can't do that's
14 there, like once we put -- once we alert them,
15 notify them, we talk about where our confirmed
16 losses are, and then they will either do what
17 camera and video they need to put in place or I
18 may shift around -- if it's Walgreens cameras
19 that are being used, I will review that video.
20 They will review their own video. It's in
21 connection together, really, the investigations
22 are.

23 Q. Okay. Have you worked with the
24 Board of Pharmacy on these types of issues your

1 entire 12 years at Walgreens?

2 A. Yes, I have.

3 Q. Okay. Okay. I want -- and then
4 the other issue that you brought up was your
5 work with law enforcement in the community
6 setting, correct?

7 A. Correct.

8 Q. Okay. And I know you've been
9 in -- I think you've told us you've been
10 involved in some of the drug take-back days that
11 the DEA puts on?

12 A. Yes.

13 Q. Okay. Anything else in that
14 regard?

15 A. No.

16 Q. Okay. Have you had any other
17 occasion other than those community events to
18 work with the DEA?

19 A. I believe in the past there was a
20 meeting that they've done with Walgreens, with
21 compliance and making sure proper processes are
22 followed and procedures are followed with the
23 reporting and just making sure that we're all
24 working together on that. There has -- I'm

1 going back and I'm vaguely remembering, but I've
2 had interactions with them for meetings, but
3 nothing with investigations --

4 Q. Okay. Do you recall --

5 A. -- that I can recall.

6 Q. Excuse me. And I'm sorry for
7 interrupting you.

8 A. That's okay.

9 Q. Do you recall attending any
10 meetings with the DEA?

11 A. I believe there was at least one
12 that I can recall that they were at our office,
13 and it was more about the processes of
14 reporting, more informative.

15 Q. Processes of reporting what?

16 A. Reporting losses, reporting if
17 there is fraudulent prescriptions and a process
18 they wanted us to follow, which I wouldn't be
19 involved in that. That would have been with
20 pharmacists to follow, but they give the
21 information to us, and our pharmacy supervisors
22 would have been there to then inform our
23 pharmacy managers and cascade that, making sure
24 that they're aware of the processes and

1 following the processes.

2 Q. Okay. And this kind of segues
3 into what I'm wanting to get into next, because
4 I want to make sure I kind of have an
5 understanding of exactly what your role is and
6 what your duties are.

7 Do you recall approximately when
8 that DEA meeting was?

9 A. No, I don't. It's been several
10 years.

11 Q. Okay. More than three years ago?

12 A. Yes.

13 Q. Okay. More than five years ago?

14 A. Maybe.

15 Q. Okay.

16 A. I don't know.

17 Q. Okay. And what I think I heard
18 you just say is that some of the topics that you
19 remember from that meeting involved reporting
20 thefts of prescription drugs to the DEA,
21 correct?

22 A. That is my area of work. I do
23 theft and losses.

24 Q. Okay. And -- okay. And the other

1 area that I think I heard you say was covered in
2 that meeting would have been identifying
3 fraudulent prescriptions?

4 A. I believe. I can't remember what
5 the agenda was. I know it was an informative
6 meeting of the DEA outlining processes for -- if
7 I recall correctly. It had a lot to do with --
8 there was a time I believe -- and I'm vaguely
9 remembering -- of how they wanted us to -- or
10 how they wanted the pharmacists, rather, to
11 report suspicion with fraudulent prescriptions
12 and notifications.

13 Q. That issue that you just said, the
14 pharmacists reporting suspicion with fraudulent
15 prescriptions, does that fall under your
16 purview?

17 A. No, it does not.

18 - - -

19 (Walgreens-Zaccaro Exhibit 1 marked.)

20 - - -

21 Q. Okay. I'm going to show you what
22 I've marked as Exhibit Number 1. This is a
23 resumé and a partial personnel file that was
24 provided to me.

1 Do you recognize that?

2 MR. GADDY: This is P-WAG-2414.

3 A. Yes. This is my past reviews.

4 Q. Okay. And I'm going to primarily
5 focus on the resumé that's on front right now.

6 Do you have any idea how up to date this is?

7 A. This was updated -- it's been
8 quite some time. I haven't done anything with
9 my resumé in a few years.

10 Q. Okay. So it looks like you have a
11 little bit of a history in law enforcement?

12 A. I do.

13 Q. Okay.

14 A. Yes.

15 Q. Just kind of walk me through, if
16 you don't mind, your history in law enforcement
17 and what you did before you got with Walgreens.

18 A. So prior to Walgreens, I was a
19 parole officer for the State of Ohio for
20 approximately six years. Prior to that, I was a
21 criminal bailiff for Lucas County probation,
22 which is a felony court, and I did that for a
23 couple years.

24 Prior to being a bailiff, I was

1 with the Women's Resource Center in Northern
2 Michigan for about 18 months, I believe, where I
3 was an advocate for victims of domestic abuse,
4 assisting them through the criminal justice
5 system as victims. And prior to that, I was a
6 probation officer with Lucas County adult
7 probation for Common Pleas Courts there.

8 Q. Okay. The most recent stint that
9 you spent as a parole officer, where was that?

10 A. Summit County --

11 Q. Okay.

12 A. -- which is Akron area.

13 Q. Okay. And you did that, it looks
14 like, for about six or seven years?

15 A. Correct.

16 Q. And just kind of generally what
17 were your job duties in that role?

18 A. I supervised parolees coming out
19 of institutions for criminal offenses, managed
20 them, making sure that they were referred to
21 where they needed to do -- be for treatment,
22 maintaining work, approved housing wherever they
23 were residing.

24 Q. Okay. Did that involve -- would

1 these folks be on a probation type situation
2 where they had conditions that they had to meet?

3 A. Yes.

4 Q. Okay. And you would be in charge
5 of making sure they met those conditions?

6 A. Yes.

7 Q. Okay. And examples of those types
8 of conditions would be restrictions on housing
9 and where they could live?

10 A. Yes.

11 Q. Would there be drug use or drug
12 testing type restrictions?

13 A. Yes. It could be drug. It could
14 be anger management, depending on the nature of
15 their crimes that sent them to prison.

16 Q. Okay. What types of offenders did
17 you supervise?

18 A. Anything from thieves to
19 murderers.

20 Q. Okay.

21 A. We had a sex offender unit. So I
22 was not in the sex offender unit. Mine was more
23 robberies, burglaries, assaults, murders.

24 Q. Okay. Did you have drug offenders

1 that you supervised?

2 A. Yes. I'm sorry. I did have drug
3 offenders as well.

4 Q. Okay. And as far as any component
5 of supervision that required drug testing, how
6 did that work?

7 A. We had drug testing in our office,
8 and any time any offenders would come in for
9 drug testing or any time they would come in for
10 office visits, I would drug test them. It was
11 random. We had ability to test out in the
12 fields when we were doing their visits in home.
13 I never did that personally.

14 Q. Okay. If there were --

15 MR. HOUSTON: I'm sorry. I
16 apologize for the interruption. I just
17 wanted to state my appearance on the
18 record.

19 THE COURT REPORTER: Sorry.
20 You're going to have to speak up.

21 MR. GADDY: A little bit louder,
22 please. A little bit louder, please.

23 MR. HOUSTON: I'm sorry. This
24 is -- yeah. I just wanted to state my

1 appearance on the record. I apologize
2 for the late arrival. This is Zeno
3 Houston from Arnold & Porter on behalf
4 of the Endo and Par Defendants.

5 BY MR. GADDY:

6 Q. From time to time would your job
7 duties as a parole officer require you to issue
8 violation reports for people that you were
9 supervising?

10 A. Yes.

11 Q. Okay. What were the types of
12 things that could cause individuals to violate
13 their parole?

14 A. New criminal offenses. It could
15 be non-compliance with their drug and alcohol
16 treatment or any anger management counseling
17 that they're participating in. It could be
18 because they moved without an approved address,
19 we have to go -- we would have to have gone and
20 inspect the homes and make sure they were
21 approved.

22 It could be -- if there was
23 restitution, if they had to pay restitution and
24 they weren't paying restitution. It could be

1 whatever their conditions were that they were
2 non-compliant with.

3 Q. During your time as a parole
4 officer, did you have individuals that you
5 supervised that you saw struggle with drug abuse
6 or drug addiction?

7 A. Yes.

8 Q. Okay. Was that a common
9 occurrence amongst folks that you supervised?

10 A. I don't know how you would define
11 "common." Did it happen? Yes. Did it happen
12 enough? Yes. Some came out, and some got it
13 right. Some did not.

14 Q. Okay. During your time as a
15 parole officer, did you supervise individuals
16 who struggled with the use or abuse or addiction
17 to opioids?

18 A. Yes. But in that time, it was
19 more meth, the meth phase was our biggest
20 challenge.

21 Q. Okay. And that was in the 2000,
22 2006 time frame?

23 A. Yeah.

24 Q. Okay. So we move on to your time

1 at Walgreens, and what I want to do is go
2 through some of these bullet points and just
3 kind of ask you to expand on them a little bit.

4 A. Okay.

5 Q. The first bullet point that you
6 have here is that you "managed a region of
7 pharmacy retail stores" and you've already told
8 us about that, right?

9 A. Mm-hmm.

10 Q. Next thing you say you is you
11 "Partnered with area directors, district
12 managers, and operations trainers for the
13 successful execution of a company business plan
14 and/or initiatives."

15 Can you kind of explain what you
16 mean there?

17 A. Supporting one another with
18 whatever initiatives were coming down. And
19 mostly it was in the operations aspect,
20 different ways of doing things, changing things.
21 It might have been systems. It could have been
22 changes with our realigning, supporting one
23 another that way.

24 Q. What do you mean by "operations"?

1 A. Operations is more the front end
2 of the store and the day to day -- it's
3 pharmacy, too, I should say, where they're more
4 focused on the operations, the profit, the
5 sales, the receiving, the merchandising; whereas
6 in our department, we're focused on theft,
7 losses, supporting them with compliance matters.

8 Q. Okay. The next bullet point, you
9 say, "Identify shrink priorities and analyze,
10 develop, and implement shrink reduction plans."

11 Do you see that?

12 A. Yes.

13 Q. What is shrink?

14 A. Shrink is losses in our retail
15 stores, what we should have compared to what we
16 don't have, the variance there in the -- that's
17 unaccounted for, and we support finding out how
18 it happened, why it happened and what we can do
19 to shift our focus from preventing it again.

20 Q. Okay. Generally speaking, shrink
21 is theft; is that fair?

22 A. It could be theft, but we also
23 incur a lot of shrink in losses with paper
24 shrink because our own processes may not be

1 getting -- being followed.

2 Q. Can you give me an example of
3 that.

4 A. Do you want a front end or a
5 pharmacy?

6 Q. Why don't we do the pharmacy.

7 A. A paper shrink in pharmacy might
8 be an order was received and it is posted in our
9 inventory management system, and if our staff,
10 whether it be technicians who did the receiving
11 of that order or whether it was a pharmacist who
12 did the receiving of that order, if they don't
13 post it and it doesn't get posted correctly and
14 timely, it's paper shrink. It's saying that we
15 never received it --

16 Q. So the books don't --

17 A. -- but yet we paid for it.

18 Q. So the books don't match?

19 A. Correct.

20 Q. Okay. So that's not a situation
21 where you have actual loss. That's a situation
22 where you -- you know, kind of an accounting
23 error type of issue?

24 A. Paper shrink, we refer to that as.

1 Q. Okay. And is one of your roles as
2 a loss prevention person with Walgreens to
3 identify that and get it corrected?

4 A. I support in identifying it, yes.

5 Q. Okay. Well, is the -- would it be
6 fair that the primary function that you serve is
7 product shrink?

8 A. Yes.

9 Q. Okay. And --

10 A. Cash also.

11 Q. Okay. Kind of describe for me
12 what the different roles or the different tasks
13 that you fulfill that kind of help with whether
14 it's cash or products?

15 A. Once it's identified -- and I'm
16 not in the stores identifying it on most parts.
17 I'm contacted after there's a process that they
18 follow. There are checks and balances to make
19 sure and confirm that it wasn't training error
20 or paper error. Once it's a confirmed loss,
21 they will contact me, and then I will conduct
22 that internal investigation and interview.

23 Q. Okay. What are your other
24 primary -- what are your other primary job

1 duties other than the identification of and
2 investigation of theft or shrink?

3 A. We do -- we do do some training.
4 We do do some audit review compliance to prevent
5 losses, making sure that we're -- it could be
6 compliance in checking our safety and security
7 systems. It could be compliance in making sure
8 that processes are being followed.

9 Q. Okay. Do any of those -- any of
10 the training or the processes that you're -- the
11 training you're conducting or the processes that
12 you're reviewing have to do with the ordering or
13 dispensing of controlled substances?

14 A. I do not do those trainings.

15 Q. Okay.

16 A. I don't speak to those, because my
17 area is loss and theft, not necessarily the
18 ordering and receiving. I know that there are
19 processes, but I can't articulate --

20 Q. Do you have --

21 A. -- what they are.

22 Q. Do you have any responsibilities
23 whatsoever for the ordering or receiving of
24 controlled substances?

1 A. No, I do not.

2 Q. Okay. Do you have any
3 responsibilities related to the dispensing of
4 controlled substances?

5 A. No, I do not.

6 Q. Do you have any responsibilities
7 related to the identification of fraudulent
8 prescriptions?

9 A. No, I do not.

10 Q. Do you have any responsibilities
11 that are related to the identification of
12 potential customers who may be engaging in
13 doctor shopping?

14 A. No, I do not.

15 Q. Do you have any responsibilities
16 related to making a determination as to whether
17 or not a particular prescription should be
18 filled?

19 A. No, I do not.

20 Q. If we keep going down the list,
21 the next bullet point says you "conduct detailed
22 internal and external investigations."

23 Let me stop there. Obviously
24 you've told us a little bit about some of the

1 investigations you would conduct if you -- if
2 somebody identifies either paper shrink or
3 product or cash shrink to you, correct?

4 A. Correct.

5 Q. Okay. Do -- I've used a couple of
6 phrases. When I say "fraudulent prescription,"
7 you know what I mean by that, right? Or tell --
8 do you know what I mean by that?

9 A. I know what I -- how I define
10 "fraudulent prescription." I don't know if it
11 is the same of what --

12 Q. Well, let's just use your
13 definition. Tell us what your definition is.

14 A. A fraudulent prescription to me
15 is -- would be considered if a patient brought
16 in a prescription that has been altered, if it
17 has been -- I'm aware that sometimes we have
18 notices from doctor's office that doesn't come
19 to me. I'm just aware -- made aware of them,
20 that maybe a prescription pad was stolen from a
21 doctor's office, and somebody begins, then,
22 writing prescriptions and falsifying
23 prescription signatures and doctors and
24 everything else. So to me, that's what a

1 fraudulent prescription would resemble.

2 Q. Okay. And I think that's a fair
3 definition. So let me make sure I understand.
4 If somebody comes into a Walgreens store and
5 they have one of these fraudulent prescriptions,
6 it's not your job to make that determination on
7 the front end, correct?

8 A. Correct. I don't even see the
9 prescriptions.

10 Q. Okay. If one is identified, so,
11 for example, if a pharmacist realizes that
12 they've been handed a fraudulent prescription,
13 do you ever play a role in -- do you ever get
14 looped into that?

15 A. There are occasions -- some
16 pharmacists will know exactly how to handle it.
17 Other pharmacists may contact me. They may
18 contact -- we used to have in place pharmacy
19 supervisors. They may contact the district
20 managers advising that "I think I suspect. What
21 should I do?"

22 And then I will -- I can give them
23 direction. "If you think or suspect, what have
24 you done? Did you call the doctor's office to

1 verify it?" Which is really the only thing I
2 would tell them to do, call the doctor's office
3 to verify it before you report it to our Board
4 of Pharmacy.

5 Q. Okay. So kind of using the
6 decision tree that you gave us there, so a
7 person comes in and presents a fraudulent
8 prescription and this particular pharmacist
9 knows what to do. Would you ever hear about it
10 in that situation?

11 A. No.

12 Q. Okay.

13 A. The only time I might hear about
14 it is if the law enforcement reaches out to me
15 with subpoenas and needing copies of the
16 prescriptions for their purposes of their
17 investigation.

18 Q. So they might ask you to pull the
19 video from when the person came in?

20 A. Correct.

21 Q. They might ask you to get a copy
22 of the prescription from the pharmacist?

23 A. Correct.

24 Q. Okay. But other than that, you're

1 not doing any investigation or any oversight of
2 that?

3 A. No, I am not.

4 Q. Okay. So the second situation
5 where a person comes in, presents a fraudulent
6 prescription, and the pharmacist, for whatever
7 reason, doesn't know what to do, you may get a
8 phone call in those situations?

9 A. Yes.

10 Q. Okay. And what I think I heard
11 you just say is you would advise them to call
12 the doctor and see if he could verify the
13 prescription?

14 A. Take what steps that they have and
15 have been provided to follow and make sure you
16 verify it and -- I wouldn't be able to tell them
17 beyond the appearance of the script or what
18 they're looking for in passing. I just know
19 sometimes what alerts them to suspect that it's
20 a fraudulent prescription.

21 Q. Okay. And other than giving
22 them -- the pharmacist this information, that I
23 presume a pharm -- the pharmacist would --
24 should have access to independently, correct?

1 A. Correct, but some of them are --
2 there's a lot they do. Some of them -- some of
3 them are not confident. They want to make sure
4 they're handling it correctly. Mostly that's
5 what it is when they contact me. "I know I'm
6 supposed to."

7 "Yes, follow that process."

8 Q. Okay. There's nothing -- there's
9 no information that you and you alone have that
10 they're having to contact you to get?

11 A. No.

12 Q. All the information that you give
13 them is information they could pull
14 independently?

15 A. Yes, they can.

16 Q. Okay. Outside of telling those
17 particular pharmacists that either may not know
18 what to do or may just want the assurance that
19 they're doing the right thing and providing them
20 with that information, do you have any other
21 involvement in those situations?

22 A. No, I do not.

23 Q. Okay. That bullet point continues
24 to read, "conduct detailed internal and external

1 investigations." And it says, "For resolution
2 of losses of pharmaceuticals." And then it
3 lists some other areas there.

4 In what ways would you conduct
5 investigations for the loss of pharmaceuticals?

6 A. Walgreens, we have exception
7 reports that capture when changes of inventory
8 on hands come. So part of that would be once we
9 identify and have a confirmed loss, then I would
10 do the investigation in connection with -- I
11 would contact the Board of Pharmacy.

12 We would coordinate that with --
13 usually it's our pharmacy manager, unless the
14 pharmacy manager is the one suspected of the
15 theft, and then we would do the monitoring, the
16 video, and eventually sit down and talk to the
17 person.

18 Q. Okay.

19 MR. GADDY: Can you pull

20 P-WAG-Y2366.

21 BY MR. GADDY:

22 Q. How long has -- have you received
23 exception reports at Walgreens?

24 A. They've been available since I've

1 been with the company.

2 - - -

3 (Walgreens-Zaccaro Exhibit 2 marked.)

4 - - -

5 Q. Okay. Let me show you what I'm
6 marking as Exhibit 2. Do you recognize --
7 obviously it's an e-mail, but then there's, it
8 looks like, a chart copied and pasted below
9 that.

10 Do you recognize that, the chart
11 specifically?

12 A. Yes.

13 Q. Is this an exception report?

14 A. Yes.

15 Q. Okay. Do you mind just kind of
16 walking me through, because I saw some of these
17 and I'll admit I don't completely understand
18 them. So I'm hoping you can kind of explain to
19 me what I'm -- what we're looking at here.

20 A. So what this captures is the
21 13-week history, the chart we're talking about,
22 correct.

23 Q. Okay.

24 A. And it captures when there is high

1 risk activity of the drug --

2 Q. Okay.

3 A. -- that would require additional
4 review. This was referred to as your LPxRx
5 report.

6 Q. What does that mean?

7 A. Loss prevention pharmacy report.

8 Q. Okay.

9 A. In this 13-week for each drug,
10 sometimes -- and it's not uncommon -- we'll just
11 take the first drug, the 5/500 hydrocodone where
12 you see an adjustment of 488 were done.

13 Q. What does -- can you tell me what
14 "adjustment" means?

15 A. They changed that on hands. The
16 change of the on hands could happen one of two
17 ways. Either a technician goes to fill the drug
18 and it's not there and they make the adjustment,
19 or we fill more than what our system says we
20 had, then the system will make an automatic
21 adjustment.

22 That's the posting thing I
23 mentioned earlier. If they don't post it, our
24 system doesn't know we have it, and then they

1 fill something that our system doesn't believe
2 is there. And so the system will make the
3 adjustment.

4 We have two separate systems for
5 inventory and then for the pharmacy fill. So if
6 they're not done right and each system isn't
7 done correctly --

8 Q. That's where you get some of those
9 accounting type errors?

10 A. Yes.

11 Q. Okay.

12 A. And so -- but typically in these
13 situations, this captures -- what we would be
14 looking for is what we received -- this is what
15 would flag me in what I do, in my role for theft
16 and loss -- is what we receive, we would expect
17 that our total purchases come pretty close to
18 what our sales are. So then that way we have
19 the sales of -- we have in stock what we filled.

20 If you start seeing a whole bunch
21 more and we're not getting fills, it's "Why do
22 we -- why are we receiving all of this? Is
23 somebody going into the ordering system and
24 increasing orders so those won't be captured?"

1 Could be, maybe not. I'm not sure. That's what
2 we find out when we go in for the interview.

3 But when you have an adjustment,
4 sometimes you can go in and do an on-hand count
5 and let's just say somebody maybe posted that
6 receipt finally, you go and you do an on-hands
7 count and you adjust it right back up.

8 During this time, this report
9 captured all kinds of things, and it was
10 oftentimes a page, two pages long. We have
11 since changed our filtering at the support
12 office is what they did, and it now captures
13 only the -- it's truly unaccounted for. We need
14 to figure out where it's at. So ...

15 Q. Okay. Let me see if I can ask you
16 a couple of specific questions to make sure that
17 I can understand this.

18 A. Okay.

19 Q. So first off, this is a report --
20 it looks like the date of the e-mail is
21 April 2010?

22 A. I see that, yes.

23 Q. Okay. Would this have been the
24 format that you received exception reports in

1 from going all the way back to '06?

2 A. Yes.

3 Q. Until about when?

4 A. Our new HR XD was -- and I'm
5 roughly estimating --

6 Q. Sure.

7 A. -- four, five years ago, maybe.

8 Q. Okay. So '13, '14 time frame?

9 A. Yes.

10 Q. Okay. And so if I look at the
11 chart, it looks like the far left-hand column,
12 which is, looks like, Control WIC, that's the --
13 that's a code that correlates to the particular
14 drug?

15 A. Yes.

16 Q. Okay. And the next column is an
17 actual description of the drug?

18 A. Correct.

19 Q. Okay. And, again, if we're just
20 using the top line as an example of the
21 description, this particular drug, it's
22 hydrocodone?

23 A. Correct.

24 Q. Okay. And the next column says On

1 Hand.

2 A. Yes.

3 Q. Does that mean how much is
4 supposed to be sitting on the shelf at the
5 pharmacy?

6 A. That's when the report is
7 generated. What it is capturing, what our
8 systems are saying is on hand.

9 Q. So that's what the computer is
10 telling you is sitting on the shelves at the
11 pharmacy?

12 A. Yes. But this is also -- you
13 should know, is not a live update. This report
14 would have only updated -- should have been once
15 a week but sometimes systems go down. They are
16 computers, so ...

17 Q. Okay. What's the warehouse column
18 telling us?

19 A. How many was received from our
20 warehouse, our distribution center.

21 Q. And are these -- these numbers
22 that we're looking at, is that number of pills?

23 A. Yes.

24 Q. Okay. So that's number of pills

1 or number of dosage units; is that fair?

2 A. Yes.

3 Q. Okay. So for this particular
4 store -- and, again, I think you said this was a
5 13-week average or a 13-week report?

6 A. Thirteen-week, yes.

7 Q. So for this 13-week period, this
8 particular store had ordered 20,500 of these
9 hydrocodone pills?

10 A. That's what the report says, yes.

11 Q. Okay. What's Vendor?

12 A. That is where they would order if
13 we didn't have it in stock.

14 Q. So is that where they would have
15 to get pills from Cardinal Health or something
16 like that?

17 A. Yes.

18 Q. So your system would tell you how
19 many pills came in from the Walgreens
20 distribution center, as well as how many came in
21 from any outside vendors?

22 A. Yes.

23 Q. Okay. And the next column says
24 Total Purchase. So is that -- is that adding up

1 the Warehouse and the Vendor?

2 A. Yes.

3 Q. Okay. What is Claims?

4 A. Claims could be if it was -- if
5 products expired, we have a process to claim
6 those. If it is maybe a wrong fill and a
7 customer brings it back because they got
8 something wrong or there was something -- we
9 can't refill that and sell that drug, so then it
10 goes into that process. We have to adjust that.

11 Q. Is that essentially when a
12 pharmacy has to return a product?

13 A. Yes.

14 Q. Okay. Okay. And then the
15 Adjustments?

16 A. Yes.

17 Q. So let's skip that one for just a
18 minute, and let me ask you about the other two.

19 A. Okay.

20 Q. So Sales?

21 A. Yes.

22 Q. Tell me what that means.

23 A. The quantity of pills that were
24 prescribed and sold -- prescribed, filled, and

1 sold in that 13-week period.

2 Q. Okay. So I guess, in theory,
3 should the amount on hand be the difference
4 between the total purchased and the sales?

5 A. You would expect that that would
6 balance. And then you have an overbuy of 424,
7 but you see the bottle count was a 500-count
8 bottle. So clearly they needed that bottle of
9 500 for the difference of the 424, so ...

10 Q. Okay. I'm sorry. You lost me.

11 A. Well, you have an overbuy of 424.

12 Q. Okay. What's "overbuy" mean?

13 A. We don't want them to have in
14 stock any more than they need. If you have --
15 we've had instances in the past -- I personally
16 have never had a case, but I'm just -- I know
17 that some cases and investigations in -- that
18 come about we're aware that the technicians at
19 one time were able to -- and this was before I
20 was with the company -- were able to manually
21 adjust the order quantities.

22 So if you have a technician who
23 connects the dots and has been there for a while
24 and did the inventory ordering, they could have

1 known, if they were stealing that drug, that
2 they couldn't run out for a prescription fill,
3 so they would increase those orders. But, of
4 course, if they're stealing, it wouldn't reflect
5 in the sales.

6 This is the whole analyst stuff
7 that we look at for justifying why we have so
8 many. So when we're assessing that, what I will
9 always look at is, like, "Yeah, 424 is a lot,
10 why do we have that many extra," considering how
11 many orders they get in one week and stuff.

12 But if you look at the
13 description, that 500 on the very end of that
14 drug means it's a 500-count bottle.

15 Q. Okay.

16 A. So we would have needed that 424
17 overage because we opened that bottle to be able
18 to do fills.

19 Q. Gotcha. Okay. So what I hear you
20 to be saying is that Walgreens has a goal of not
21 having a lot of extra pills on the shelf?

22 A. I don't know what their goal is.
23 In my line of work and what I look at as far as
24 theft and losses, it can be an indicator of

1 there could be a problem.

2 Q. Okay. So if there's a lot of
3 pills on hand, that's a flag to you of something
4 that you need to look into?

5 A. For what I look into, yes.

6 Q. Okay. And what -- it looks like,
7 if you look at the bottom of this e-mail, you
8 write to Brian, and Brian would be the -- he'd
9 be the head pharmacist at this particular store?

10 A. Going back -- I mean --

11 Q. Would he be a pharmacist?

12 A. I sent it to the store manager
13 e-mail address --

14 Q. Mm-hmm.

15 A. -- and I can't remember who was
16 the store manager or the pharmacy manager there
17 at that time.

18 Q. Okay. Okay. So there's a
19 difference between the store manager and
20 pharmacy manager?

21 A. Yes.

22 Q. Okay. So you say, "Hi Brian, I
23 was reviewing your LPxRx report and there
24 would -- and would like to have the on hands of

1 the hydrocodone APAP 5/500 verified."

2 What -- is it fair to say that
3 what popped out to you when you looked at this
4 particular exception report was the 2,122 pills
5 that were supposedly on hand?

6 A. No. What would have stuck out to
7 me was the adjustment of 488.

8 Q. Okay. So we never -- I never got
9 back to that column.

10 A. Yes.

11 Q. Can you explain to me what that
12 means.

13 A. That would have been positive or
14 negative adjustments that were done with the on
15 hands of that drug.

16 Q. Is that somebody at the pharmacy
17 who was manually making that change into the
18 system?

19 A. It could be, but it could also be
20 the system making the change. As I said before,
21 if you have something -- if you -- if we don't
22 post a receiving order and our system doesn't
23 know we have that order, but then we fill it,
24 the system says, "How did you fill what you

1 don't have?"

2 So the system will make that
3 adjustment.

4 Q. Okay. In that situation that you
5 just described where you fill a prescription
6 where whoever had -- did not properly intake it
7 and post it, you would see a positive adjustment
8 there, right?

9 A. No. It would be a negative
10 because the system corrects what it thinks it
11 should be.

12 Q. Okay.

13 A. So we're out 488. It doesn't post
14 positive -- the only time it will adjust
15 positive is if, one, when you post the receipt
16 or, two, if you do an on-hands review and count
17 it and verify it and realize that you actually
18 have more. And then you make the positive
19 adjustment.

20 Q. So when you see this negative
21 adjustment of 488, what does that tell you?

22 A. It needs to be -- the inventory on
23 hands would need to be verified to make sure
24 it's correct. And if it's not offset, then I

1 would ask them to continue to count on an
2 average of two to four times per week to assess
3 if it's a theft concern.

4 Q. Okay. So when you see this, your
5 concern is that 488 pills may have gone missing?

6 A. Correct.

7 Q. Okay. So just so I can kind of
8 close out the loop on this, walk me through the
9 extent of your investigation as far as what you
10 would do after seeing an exception report such
11 as this.

12 A. If the drugs can't be accounted
13 for and we don't know where they're at and we
14 count again and realize we have more missing,
15 then I reach out to the Board of Pharmacy and we
16 begin working together and collaborating
17 together on cameras, counts.

18 Q. Okay. And when you're having
19 adjustments like this in these investigations,
20 what type of theft -- what type of thefts are
21 possible?

22 A. Anything.

23 Q. Okay. This could be anything from
24 somebody jumping over a counter and taking a

1 bottle to a pharmacist or a pharmacy tech --

2 A. Stealing.

3 Q. Okay. During your time at

4 Walgreens, have you had situations where you've

5 had customers steal prescription pills?

6 A. Customers?

7 Q. Or outside -- out --

8 non-employees.

9 A. Non-employees? In the form of
10 burglary and robberies, yes.

11 Q. Okay. During your time at
12 Walgreens, have you had situations where you've
13 had employees involved in thefts of controlled
14 substances?

15 A. Employees as in technicians,
16 pharmacists?

17 Q. Correct.

18 A. Both, yes.

19 Q. Okay. And has that happened over
20 the course of your career going back to 2006?

21 A. Yes.

22 Q. Okay. And as you sit here today,
23 do you recall approximately how many times
24 you've been involved in investigations with the

1 Board of Pharmacy regarding thefts of controlled
2 substances from Walgreens' stores where
3 pharmacists or pharmacy technicians were the
4 targets of those investigations?

5 A. I would roughly estimate five to
6 six investigations in the pharmacy for theft of
7 drugs a year.

8 Q. Okay. Have you been involved in
9 any that resulted in arrests?

10 A. Yes.

11 Q. Okay. Approximately how many?

12 A. All of ours result in arrests.
13 And to be clear, it is the Board of Pharmacy
14 investigators who file those charges.

15 Q. Okay. So I think we determined
16 earlier that from 2006 until approximately 2013
17 or 2014, your area encompassed what I think you
18 called Cleveland West?

19 A. Correct.

20 Q. Okay. And that was about -- was
21 it about 15 stores in Cleveland?

22 A. That was about 27 stores.

23 Q. Sorry. About 27 stores.

24 And based on what you just told

1 me, would it be fair to say that from 2006
2 through approximately 2013, 2014 that you were
3 involved in five to six investigations a year
4 during that time frame that resulted in the
5 arrests of a Walgreens' technician or a
6 Walgreens' pharmacist for theft of controlled
7 substances?

8 A. Yes. And when I say "on average,"
9 one year might only have --

10 Q. Sure.

11 A. -- three investigations. The next
12 year, which is very uncommon, but I had, I
13 think, three investigations in one month another
14 year. So when I say "on average," if you
15 average it out from year over year like that.
16 About five to six, yes.

17 Q. Okay. Since 2013, 2014, the
18 number of stores you supervise has increased?

19 A. Yes.

20 Q. By about three or four times?

21 A. Yes.

22 Q. Okay. You have about 75 stores
23 now?

24 A. In between 60 and 65.

1 Q. Okay. Are you seeing more
2 investigations because you have more stores?

3 A. No.

4 Q. Still about five to six a year?

5 A. Yes.

6 Q. Are you still reviewing exception
7 reports on a regular basis?

8 A. I do review them, but it is the
9 expectation of our pharmacy managers to review
10 those.

11 Q. Okay. Who has the primary
12 responsibility for reviewing the exception
13 reports?

14 A. The pharmacy manager and store
15 manager.

16 Q. Okay. And if the pharmacy manager
17 sees something like what you flagged here at
18 this particular store with the negative
19 adjustment of 488 on the controlled substance
20 hydrocodone, what is the pharmacy manager
21 supposed to do?

22 A. It varies. It depends on the
23 person. Some pharmacy managers will reach out
24 and say, "Hey, just so you know, if you see

1 this, this is what it was. This is what I was
2 able to determine."

3 Some pharmacy managers, unless it
4 is a loss, a confirmed, like, "I don't know
5 where it's at," then they'll call me. But if
6 they can account for it, I may not hear anything
7 from -- it just -- it depends on that pharmacy
8 manager and how they do their job.

9 Q. When you get involved into these
10 investigations, like you -- you know, you ask
11 for -- it looks like you ask the store
12 manager -- either the pharmacy manager or the
13 store manager to look into this, correct?

14 A. Yes.

15 Q. And I guess there's the
16 possibility they can write you back with an
17 explanation that would put it to rest; is that
18 fair?

19 A. Yes.

20 Q. Okay. And there's other times
21 where maybe the explanation isn't fully
22 sufficient or they're not able to give you a
23 good answer; is that fair?

24 A. Yes.

1 Q. In those situations -- I think
2 I've heard you mention an interview. Do you
3 take charge -- are you still in charge at this
4 point and are you doing follow-up or is it
5 turned over to the Board of Pharmacy?

6 A. So once a loss, a true loss, is
7 confirmed, I immediately notify our Board of
8 Pharmacy, an investigator. We then will plan
9 how to go forward. I will communicate next
10 steps and directives to the pharmacy manager on
11 how to go forward, which typically is counting
12 the drugs every day and doing it manually so we
13 know and confirm the loss. And then --

14 I lost my train of thought, the
15 question that you were trying to get to. What
16 was your question again?

17 Q. Sure. So -- I think you answered
18 it, but what I was asking about was where -- how
19 long you stay involved. And what I heard you
20 just say is, as soon as you confirm a theft,
21 it's turned over to the Board of Pharmacy?

22 A. No. I stay involved until the
23 end.

24 Q. Okay.

1 A. And I will do the interview with
2 the board investigator. The board investigator
3 will always lead the interviews, and if I need
4 to interject or ask questions, I will -- I'm
5 always given the opportunity at the end or I
6 will interject during the course of that
7 interview.

8 Q. Okay. Other than using these
9 exception reports for the purpose that we just
10 went over to identify loss or potential theft,
11 is there any other reason for which you utilize
12 the exception reports?

13 A. Compliance, making sure that --

14 Q. What do you mean by "compliance"?
15 Compliance with what?

16 A. Making sure that they're following
17 the right processes, posting or something like
18 that. Like if I'm identifying large overbuys.
19 I'll start looking into some of their receiving
20 and posting and then I'll challenge them on if
21 I'm noticing unposted receipts or receipts that
22 were posted weeks after the product was arrived.
23 So ...

24 Q. Okay. So that would be compliance

1 with internal Walgreens' policies and
2 procedures; is that fair?

3 A. That, yes.

4 Q. Okay.

5 A. Primarily these are used for
6 theft, identifying theft, for me, the way I look
7 at these.

8 Q. Okay.

9 A. The way I analyze these reports
10 and my purpose for them.

11 Q. Outside of utilizing them for
12 theft and compliance with Walgreens' ordering
13 policies and procedures, are there any other
14 reasons for which you use the exception reports?

15 A. No, not that I can think of,
16 anything I can think of at this time.

17 Q. Are there any other reports that
18 you receive in the course of your work as a loss
19 prevention person with Walgreens that contains
20 information about the pharmacy, period, whether
21 it's dispensing histories or ordering histories
22 or anything like that, or is it just the
23 exception report?

24 A. So there's tabs for all of that.

1 Q. What do you mean by "tabs"?

2 A. On our exception base reporting
3 dashboard. There's tabs for sales. There's
4 tabs for inventory. There's tabs for
5 performance and training. I don't usually go
6 into them.

7 Q. Okay.

8 A. Very rarely.

9 Q. Are there any other -- any other
10 reports outside of the exception dashboard that
11 you receive related to the pharmacy?

12 A. Our -- that are not generated --
13 these are generated regularly. The other
14 reports that I may access is into our SIMS
15 system, which is our inventory management
16 system, but that is just going in and verifying
17 that myself. Once I see something like this,
18 then I will start reviewing more of the actual
19 inventory reports.

20 Q. Okay.

21 A. So I don't know if those would
22 necessarily be considered exception reports.
23 It's more inventory reporting.

24 Q. Okay. Are there any reports that

1 you review for the purpose of determining
2 whether or not a particular store is dispensing
3 an excessive volume of controlled substances?

4 A. I'm not -- that's not my area with
5 the dispensing. I don't monitor any of that.

6 Q. Do you do any analysis of
7 dispensing of controlled substances whatsoever?

8 A. No. My area is on loss and theft.

9 Q. Okay. And has that been true for
10 the entire 12 years that you've been at
11 Walgreens?

12 A. Yes.

13 Q. Okay.

14 - - -

15 (Walgreens-Zaccaro Exhibit 3 marked.)

16 - - -

17 Q. Let me show you what I'll mark as
18 Exhibit 3. I'm going to look at what I think
19 are a couple more of these exception reports.

20 A. Okay.

21 Q. And do you recognize this document
22 as an e-mail chain between you and another store
23 manager?

24 A. Cecey was our pharmacy manager --

1 Q. Okay.

2 A. -- at the time.

3 Q. So Cecey was the pharmacy

4 manager --

5 A. Mm-hmm.

6 Q. -- of this particular store?

7 A. Yes.

8 Q. Okay. And if we start at the
9 bottom, very bottom of the first page, it looks
10 like this chain starts with an e-mail from you
11 on July 31st of 2012, correct?

12 A. Yes.

13 Q. Okay. And there's a couple people
14 who -- or I guess it looks like you e-mail to
15 the store manager who happened to be Cecey.

16 A. The RxM is a pharmacy manager
17 e-mail address --

18 Q. Gotcha.

19 A. -- where MGR is the store manager
20 e-mail. So it looks like I sent it to the
21 pharmacy manager, and I copied our store manager
22 and Matt Soder, who would have been our pharmacy
23 supervisor for that district at the time.

24 Q. Okay. Is Matt Soder your

1 supervisor or --

2 A. No.

3 Q. You all are separate?

4 A. So in a district team at that
5 time, you had a loss prevention manager, a
6 pharmacy supervisor, a district manager, and a
7 district trainer. So it was a team of four of
8 us for one specific district.

9 Q. Okay. So the same 27 or so stores
10 that you served as the loss prevention manager
11 for at that time, Matt would have served as the
12 pharmacy supervisor?

13 A. Yes.

14 Q. Okay. So it looks like you e-mail
15 Cecey, and you say, "Hi Cecey. Please review
16 and verify the on-hands of the hydrocodone as
17 noted below from the LPxRx. Almost two
18 500-count bottles? Please update me with your
19 findings."

20 Do you see that?

21 A. Yes.

22 Q. Okay. And so, again, you're
23 asking about a -- hydrocodone, which is a
24 controlled substance, correct?

1 A. Yes.

2 Q. Okay. And if we turn the page, is
3 this another one of these exception reports?

4 A. Yes.

5 Q. Okay. And it looks like -- if we
6 look at the top of the next page, it looks like
7 this was for Store 3310?

8 A. Yes.

9 Q. And that's a store in Cleveland,
10 Ohio?

11 A. Yes.

12 Q. Okay. And this report looks to be
13 a little bit different. It looks like maybe you
14 ran a report just for that particular drug, the
15 hydrocodone?

16 A. Yes.

17 Q. Okay. And some of the columns are
18 similar, but some of them are different. So if
19 you don't mind telling me -- tell me on this
20 chart what it is that jumped out at you that
21 made you reach out to Cecey?

22 A. The adjustment for negative 911.

23 Q. Okay. Why is that of concern to
24 you?

1 A. That would be almost two full
2 bottles of 500-count bottles.

3 Q. Okay. And somewhere in the
4 system, the system is telling you that
5 potentially two 500-count bottle of hydrocodone
6 have gone missing?

7 A. Yes.

8 Q. Okay. And obviously that's
9 something you want to follow up on, right?

10 A. Yes.

11 Q. Okay. If we go back to the first
12 page, it looks like -- it looks like you
13 followed up with him after about a week or so
14 went by and you hadn't heard back from him?

15 A. Yes, which is why I -- with Cecey
16 she was not a pharmacy manager to follow up.
17 She wasn't very dependable to follow up on
18 things always when it comes up to things. It
19 was a very high-volume pharmacy.

20 So certain pharmacy managers, if
21 I -- having worked with them, know the history
22 of their follow-through sometimes, I will CC the
23 store manager and the pharmacy supervisor to --

24 Q. Okay. You would agree with me

1 that it's a pretty serious concern if you
2 potentially have two 500-count bottles of
3 hydrocodone that have gone missing, right?

4 A. Yes.

5 Q. Okay. That's something that you
6 definitely would want to stay on top of and --

7 A. Yes.

8 Q. -- be diligent about?

9 A. Yes.

10 Q. Okay. So it looks like
11 approximately a week and a half later you follow
12 up with her asking her to look into it again?

13 A. Yes.

14 Q. Okay. It then looks like you get
15 a response from the store manager but not from
16 Cecey, correct?

17 A. That came from RxM, so that would
18 have been from Cecey. And if you see on the
19 bottom, it's her -- she has her name on the
20 bottom of the e-mail, too.

21 Q. Gotcha. Thank you.

22 And so she writes, "I had them
23 count it overnight when it would be most
24 accurate and we are over by five. Was there an

1 adjustment prior to 6-12 for a +? That was the
2 day after inventory."

3 Can you tell me what she's saying
4 there?

5 A. I don't recall the plus 5 by 5
6 tablets or five bottles and was there an
7 adjustment prior to 6/12 for a positive.
8 These -- the dates that you have on your time
9 stamp of that report are the week ending date.
10 So the week ending 7/24, we received 2,000 from
11 the warehouse, total purchases.

12 So it could have been in a
13 combination of three orders kind of thing. So
14 they get a 13-week view. I have the ability to
15 do a 52-week review, which I -- it's not
16 uncommon for me to go in -- if we can't account
17 for this 911 that are missing, I'll go back even
18 further to see, we may have had a positive
19 adjustment somewhere that would offset this,
20 that somebody went in and positively adjusted
21 it.

22 Q. Okay. And when -- again, when
23 you're talking about two 500-count bottles of
24 hydrocodone, that's -- you're definitely going

1 to do that follow-up investigation, right?

2 A. Yes.

3 Q. Okay. Does her answer here, in
4 that e-mail we just read, does that solve the
5 problem for you?

6 A. No.

7 Q. Okay. So it looks like you
8 respond to her just above that and you tell her
9 you're concerned about the almost two 500-count
10 bottles that are unaccounted for, correct?

11 A. Yes.

12 Q. Okay. And it looks like she
13 writes back, "Yes, me and you both. Did you
14 look further back for adjustments?"

15 Do you see that?

16 A. Yes.

17 Q. Do you recall whether or not this
18 situation ever got resolved?

19 A. I do not recall.

20 Q. Okay. Is Cecey still a pharmacist
21 with Walgreens?

22 A. No.

23 Q. Okay. When did she leave; do you
24 know?

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1 Thereupon, at 2:29 p.m., on Wednesday,
2 January 16, 2019, the deposition was concluded.

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1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF _____:

4

5 I, LAURIE A. ZACCARO, do hereby certify that

6 I have read the foregoing transcript of my

7 cross-examination given on January 16, 2019; that

8 together with the correction page attached hereto

9 noting changes in form or substance, if any, it is

10 true and correct.

11

LAURIE A. ZACCARO

12

13 I do hereby certify that the foregoing

14 transcript of the cross-examination of LAURIE A.

15 ZACCARO was submitted to the witness for reading and

16 signing; that after she had stated to the undersigned

17 Notary Public that she had read and examined her

18 cross-examination, she signed the same in my presence

19 on the _____ day of _____, 2019.

20

21 NOTARY PUBLIC - STATE OF OHIO

22

23 My Commission Expires:

24 _____, _____.

CERTIFICATE

STATE OF OHIO

:

SS:

COUNTY OF FRANKLIN :

I, Carol A. Kirk, a Registered Merit Reporter and Notary Public in and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named LAURIE A. ZACCARO was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth in the cause aforesaid; that the deposition then given by her was by me reduced to stenotype in the presence of said witness; that the foregoing is a true and correct transcript of the deposition so given by her; that the deposition was taken at the time and place in the caption specified and was completed without adjournment; and that I am in no way related to or employed by any attorney or party hereto or financially interested in the action; and I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Columbus, Ohio on this 21st day of January 2019.

CAROL A. KIRK, RMR

NOTARY PUBLIC - STATE OF OHIO

My Commission Expires: April 9, 2022.

- - -

1 DEPOSITION ERRATA SHEET

2 I, LAURIE A. ZACCARO, have read the transcript
of my deposition taken on the 16th day of January,
3 2019, or the same has been read to me. I request that
the following changes be entered upon the record for
4 the reasons so indicated. I have signed the signature
page and authorize you to attach the same to the
5 original transcript

6 Page Line Correction or Change and Reason:

7	_____	_____	_____
8	_____	_____	_____
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24	Date _____	Signature _____	